

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: monospace;">09816453</div>	Filing Date		
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	✓		✓		✓					
2		✓		✓		✓				
3		✓		✓		✓				
4		✓		✓		✓				
5		✓		✓		✓				
6		✓		✓		✓				
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9		✓		✓		✓				
10	✓		✓		✓					
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50										
Total Indep	9		9		6					
Total Depend	28		28		26					
Total Claims	37		37	A	32	B				

09816453

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	✓		✓		✓	
2		✓		✓		✓
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10	✓		✓		✓	
11		✓		✓		✓
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Total Indep	9		9		6	
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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						